



BIR Form No. 2316 January 2018 (ENCS)	Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld	2316 01/18ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) <u>2 0 2 2</u>	2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>1 2 1 4</u>
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Part I - Employee Information

3 TIN <u>3 0 5 - 3 6 9 - 9 3 7 -</u>	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
4 Employee's Name (Last Name, First Name, Middle Name) <u>Bacon, Adelyn Caburnay</u>	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)
5 RDO Code	28 Holiday Pay (MWE)
6 Registered Address	29 Overtime Pay (MWE)
6A ZIP Code	30 Night Shift Differential (MWE)
6B Local Home Address	31 Hazard Pay (MWE)
6C ZIP Code	32 13th Month Pay and Other Benefits (maximum of P90,000) -652.05
6D Foreign Address	33 De Minimis Benefits 0.00
7 Date of Birth (MM/DD/YYYY) <u>1 0 1 6 1 9 8 4</u>	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 0.00
8 Contact Number	35 Salaries and Other Forms of Compensation 0.00
9 Statutory Minimum Wage rate per day	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) -652.05
10 Statutory Minimum Wage rate per month	B. TAXABLE COMPENSATION INCOME REGULAR
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	37 Basic Salary 0.00

Part II - Employer Information (Present)

12 TIN <u>4 0 2 - 0 5 1 - 1 2 9 - 0 0 0</u>	38 Representation
13 Employer's Name <u>Teletech Customer Care Mgt., Phils. BR</u>	39 Transportation 0.00
14 Registered Address <u>Fivecom 10F Harbor Dr MOA Pasav City Metro Manila 1300</u>	40 Cost of Living Allowance (COLA) 0.00
14A ZIP Code <u>6 0 0 0</u>	41 Fixed Housing Allowance
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	42 Others (specify)

Part III - Employer Information (Previous)

16 TIN	42A
17 Employer's Name	42B
18 Registered Address	42A
18A ZIP Code	42B

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) -652.05	43 Commission
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) -652.05	44 Profit Sharing
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 0.00	45 Fees Including Director's Fees
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00	46 Taxable 13th Month Benefits 0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00	47 Hazard Pay
24 Tax Due 0.00	48 Overtime Pay 0.00
25 Amount of Taxes Withheld	49 Others (specify)
25A Present Employer 0.00	49A <u>Co. Incentives</u> 0.00
25B Previous Employer, if applicable 0.00	49B
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00	50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 0.00

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 <u>Cagaoan, Anna Liza B.</u>	Date Signed
Present Employer/Authorized Agent Signature over Printed Name	_____
CONFORME:	Date Signed
52 <u>Bacon, Adelyn Caburnay</u>	_____
Employee Signature over Printed Name	_____
CTC/Valid ID No. of Employee	Date Signed
Place of Issue	_____
_____	Amount paid, if CTC

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.	I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.
53 <u>Cagaoan, Anna Liza B.</u>	54 <u>Bacon, Adelyn Caburnay</u>
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	Employee Signature over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)